

**Kreye Blankenship, Inc.**

Consulting Engineers & Environmental Scientists

October 11, 2011

Mr. Douglas D. Frasier  
VPDES Permit Writer, Senior II  
VADEQ  
Northern Regional Office  
13901 Crown Court  
Woodbridge, Virginia 22193

Re: VPDES Permit Application  
Arogas, Inc. (d.b.a. Mr. Fuel)

Dear Mr. Frasier:

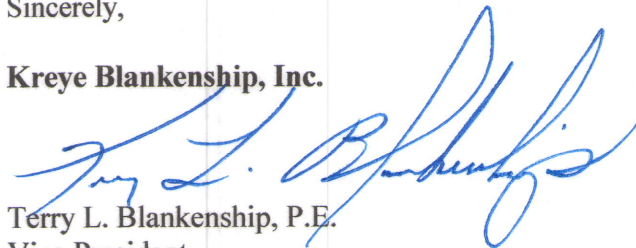
Enclosed is the VPDES permit application for the Arogas, Inc. (d.b.a. Mr. Fuel) facility located in Ruther Glen, Virginia. This submittal includes a copy of the VPDES Permit Application Addendum, Form 1, Form 2F, and the Public Notice Billing Information form. A copy of the Permit Application Form and a copy of the check is also attached. The Local Government Ordinance Form has been submitted to Caroline County for processing. This VPDES application is submitted by Kreye Blankenship, Inc. on behalf of Mr. Fuel. We have also enclosed a compact disc containing the permit application for your use.

The analytical data presented in the permit application was obtained from grab samples collected at the oil/water separator discharge after water was introduced into the trench drain system located at the diesel fuel island canopy area. A waiver is requested to provide the test results for flow-weighted composite samples.

Should you have any questions regarding this application, please feel free to contact me.

Sincerely,

**Kreye Blankenship, Inc.**



Terry L. Blankenship, P.E.  
Vice President

Enclosures

cc: Kevin J. Manning  
Gary Poland  
Donald D. Thomas

## VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** AROGAS, INC. d.b.a. MR. FUEL

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** 82-15-A1

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** NONE

5. **What is the design average effluent flow of this facility?** N/A MGD

**For industrial facilities, provide the max. 30-day average production level, include units:**

Using 4.3 inches maximum monthly rainfall, discharge from diesel fuel island trench estimated at 643 gpd

**In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. **Nature of operations generating wastewater:**

Rain water and/or wash down at diesel fueling island.

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: \_\_\_\_\_

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☐ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☒ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: \_\_\_\_\_

9. **Approval Date(s):**

**O & M Manual** N/A

**Sludge/Solids Management Plan** N/A

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☐

N/A



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER				
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS				
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
III. FACILITY NAME								
V. FACILITY MAILING ADDRESS								
VI. FACILITY LOCATION								
II. POLLUTANT CHARACTERISTICS								
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .								
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS		Mark "X"		
		YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)		X	
		16	17	18		19	20	21
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)		X	
		22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
		28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
		34	35	36		37	38	39
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
		40	41	42		43	44	45
III. NAME OF FACILITY								
C 1 SKIP AROGAS, INC. d.b.a. MR. FUEL								
15 16 - 29 30 69								
IV. FACILITY CONTACT								
A. NAME & TITLE (last, first, & title)								
C 2 KEVIN J. MANNING								
15 16 45 46 48 49 51 52- 55								
B. PHONE (area code & no.)								
(636) 974-0255								
V. FACILITY MAILING ADDRESS								
A. STREET OR P.O. BOX								
C 3 P.O. BOX 580								
15 16 45								
B. CITY OR TOWN								
C 4 ST. PETERS								
15 16 40 41 42 47 51								
C. STATE								
MO								
D. ZIP CODE								
63376								
VI. FACILITY LOCATION								
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER								
C 5 23818 ROGERS CLARK BOULEVARD								
15 16 45								
B. COUNTY NAME								
CAROLINE								
46 70								
C. CITY OR TOWN								
C 6 RUTHER GLEN								
15 16 40 41 42 47 51 52 -54								
D. STATE								
VA								
E. ZIP CODE								
22546								
F. COUNTY CODE (if known)								
033								



CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
C	7	5	5	4	1	(specify) TRUCK STOP AND PLAZA	C	7	(specify)
15	16	17	18	19	20		15	16	17
C. THIRD					D. FOURTH				
C	7	(specify)	C	7	(specify)		15	16	17
15	16	17	18	19	20		15	16	17

VIII. OPERATOR INFORMATION									
A. NAME									
C	8	AROGAS, INC.							
15	16	55 56							
B. Is the name listed in Item VIII-A also the owner?									
<input type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)									
F = FEDERAL					M = PUBLIC (other than federal or state)				
S = STATE					O = OTHER (specify)				
P = PRIVATE					P (specify)				
					56				
D. PHONE (area code & no.)									
A (636) 947-0255									
15	16	17	18	19	20	21	22	23	24

E. STREET OR P.O. BOX									
P.O. BOX 580									
55									

F. CITY OR TOWN									
C	B	ST. PETERS							
15	16	40 41 42 43 44 45 46 47 48 49							
G. STATE									
MO									
H. ZIP CODE									
63376									
IX. INDIAN LAND									
Is the facility located on Indian lands?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15	16	17	18	19	20	21	22	23	24

X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	T	I	C	T	I				
9	N		9	P		30			
15	16	17	18	19	20	30			
B. UIC (Underground Injection of Fluids)									
C	T	I	C	T	I				
9	U		9			30			
15	16	17	18	19	20	30			
C. RCRA (Hazardous Wastes)									
C	T	I	C	T	I				
9	R		9			30			
15	16	17	18	19	20	30			
E. OTHER (specify)									
(specify)									
E. OTHER (specify)									
(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Mr. Fuel facility is a truck stop and plaza (convenience store).

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Kevin Manning, Vice President		Kevin Manning		10-10-11	

COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16	56							



Please print or type in the unshaded areas only.

[illegible]



Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	600 sq. ft.	600 sq. ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

The diesel fuel island is inspected each shift for spills or leaks. Small spills are cleaned via absorbent materials and removed with a shovel and broom for proper disposal.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	The diesel bay drive slab and a portion of the concrete trench apron is covered by a concrete canopy. Liquids collecting in the trench drain system are directed to an on-site 6,000 gallon capacity oil/water separator and separate silt/grit sump prior to discharge. The oil/water mixture is removed as needed for proper disposal (currently using Atlantic Industrial Services, Inc.).	1-M

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print) <i>Kreye D. Blankenship</i> Vice President	Signature <i>Kreye D. Blankenship</i>	Date Signed 10/3/2011
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B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual observation performed by Kreye Blankenship, Inc. on August 31, 2011.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant leaks or spills of toxic or hazardous pollutants reported in the last three years.



Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☐ No (go to Section IX)**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Primary Laboratories	7423 Lee Davis Road Mechanicsville, VA 23111	(804) 559-9004	Oil & Grease, BOD5, COD, TSS, Total Nitrogen, Total Phosphorus, TPH, BTEX, Cyanide, Chloride, Hex. Chromium, Arsenic, Cadmium, Chromium, Copper, Lead, Mercury, Nickel, Selenium, Silver, Zinc

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name &amp; Official Title (Type Or Print)

Kevin Manning, Vice-President

B. Area Code and Phone No.

636-947-0255

C. Signature

Kevin Manning

D. Date Signed

9-30-11



Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse



Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample. Waiver Requested

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted average.					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

See Attached sheet.



#### Part D – Item 7

A number of methods are available to determine the discharge associated with a drainage area. The most common and simplest method of determining the discharge is the Rational Method. The Rational Method is based on a simple formula that relates runoff-producing potential of the watershed, the average intensity of rainfall for a particular length of time (the time of concentration), and the watershed drainage area. The formula is

$$Q = CiA$$

Where:

Q = Estimated peak rate of runoff (cfs),

C = Runoff coefficient; fraction of runoff, expressed as a dimensionless decimal fraction, that appears as surface runoff from the contributing drainage area,

i = Rainfall Intensity (inches per hour), and

A = The contributing tributary drainage area to the point of design in acres which produces the maximum peak rate of runoff.

Due to the limited surface area exposed to rainfall and subsequent potential to discharge to the trench drain system, a modified form of the Rational Method is used to estimate the flow contribution. Rather than using rainfall intensity, measured as inches per hour, the total daily rainfall (inches) is used to estimate the discharge.

Only a portion of the trench drain concrete apron (1'-6' wide) is exposed to the elements in eight of the ten truck bays. The trench drain apron serving the remaining two truck bays is located totally under the concrete canopy. No consideration will be given to the amount of rainfall collected due to the angle of incidence (influenced by wind speed and water droplet size). Therefore, it is assumed that an area of 1.5 feet wide by 160 feet long of the trench drain apron is exposed. In addition, a runoff coefficient of 1.0 (ignoring any absorptive or evaporative considerations) will be applied.

The following table presents a total rainfall event (tenths of inch increments) with the corresponding potential quantity of stormwater discharged to the proposed Outfall 001. The rainfall events shown vary from 0.00 inches to 8.00 inches (estimated 100 year, 24 hour storm



event). Assuming an average monthly rainfall of 3.5 inches, the average discharge to Outfall 001 would be approximately 524 gallons per month.

Mr. Fuel personnel will record daily rainfall events on a log sheet along with the corresponding estimated flow discharged to Outfall 001. The rainfall readings should be taken at the same time each day, say 8:00 a.m.

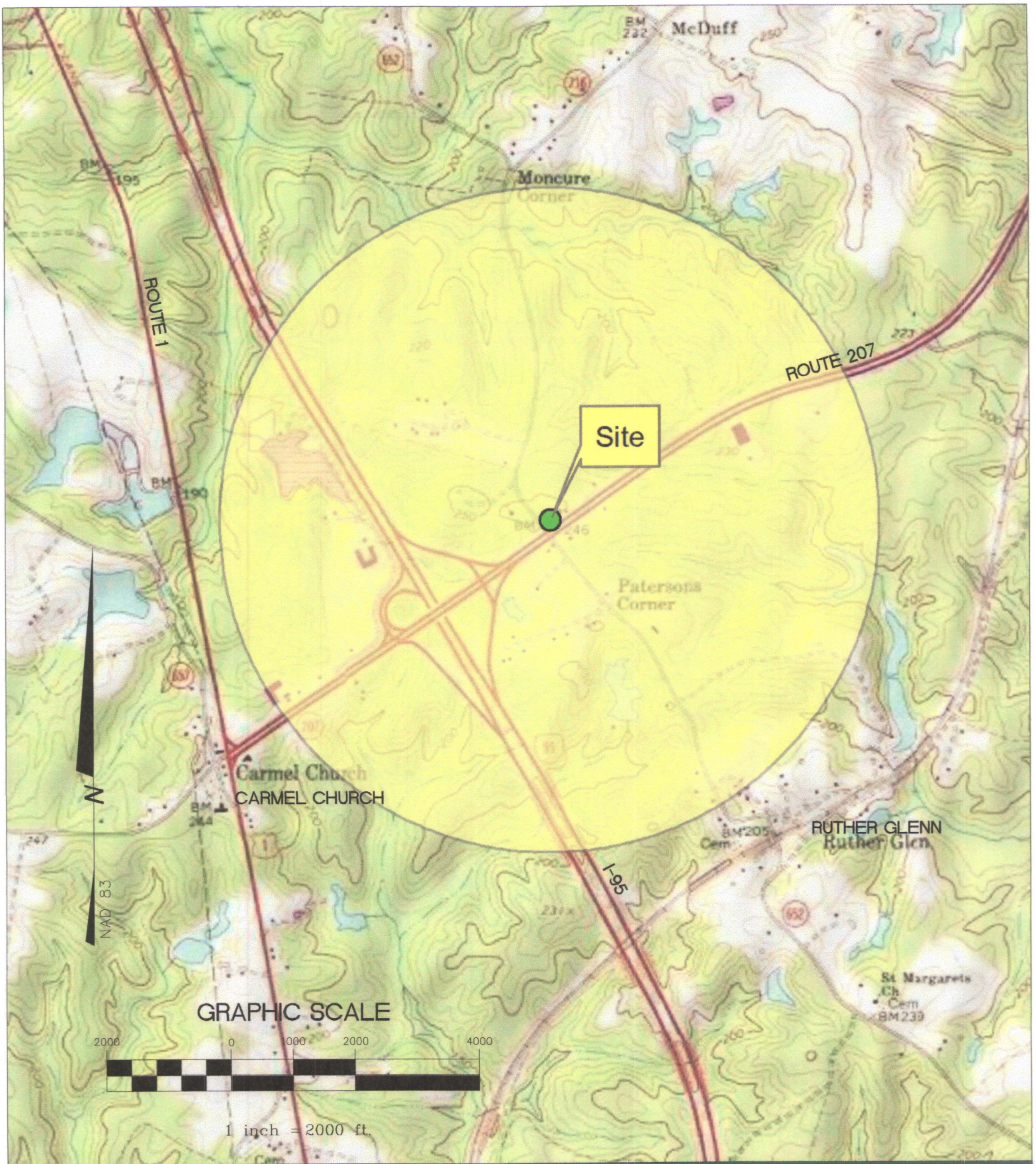


# DISCHARGE TABLE

Rainfall, inches	Q, gallons
0.0	0
0.1	15
0.2	30
0.3	45
0.4	60
0.5	75
0.6	90
0.7	105
0.8	120
0.9	135
1.0	150
1.1	165
1.2	180
1.3	194
1.4	209
1.5	224
1.6	239
1.7	254
1.8	269
1.9	284
2.0	299
2.1	314
2.2	329
2.3	344
2.4	359
2.5	374
2.6	389
2.7	404
2.8	419
2.9	434
3.0	449
3.1	464
3.2	479
3.3	494
3.4	509
3.5	524
3.6	539
3.7	554
3.8	568
3.9	583
4.0	598

Rainfall, inches	Q, gallons
4.1	613
4.2	628
4.3	643
4.4	658
4.5	673
4.6	688
4.7	703
4.8	718
4.9	733
5.0	748
5.1	763
5.2	778
5.3	793
5.4	808
5.5	823
5.6	838
5.7	853
5.8	868
5.9	883
6.0	898
6.1	913
6.2	928
6.3	942
6.4	957
6.5	972
6.6	987
6.7	1,002
6.8	1,017
6.9	1,032
7.0	1,047
7.1	1,062
7.2	1,077
7.3	1,092
7.4	1,107
7.5	1,122
7.6	1,137
7.7	1,152
7.8	1,167
7.9	1,182
8.0	1,197





**FIGURE 1**  
**MR FUEL**  
**LOCATION AND ONE MILE RADIUS**  
**SCALE 1"=2000'**

**Kreye Blankenship, Inc.**  
 Consulting Engineers and Environmental Scientists





FIGURE 2 – SATELLITE  
MAP



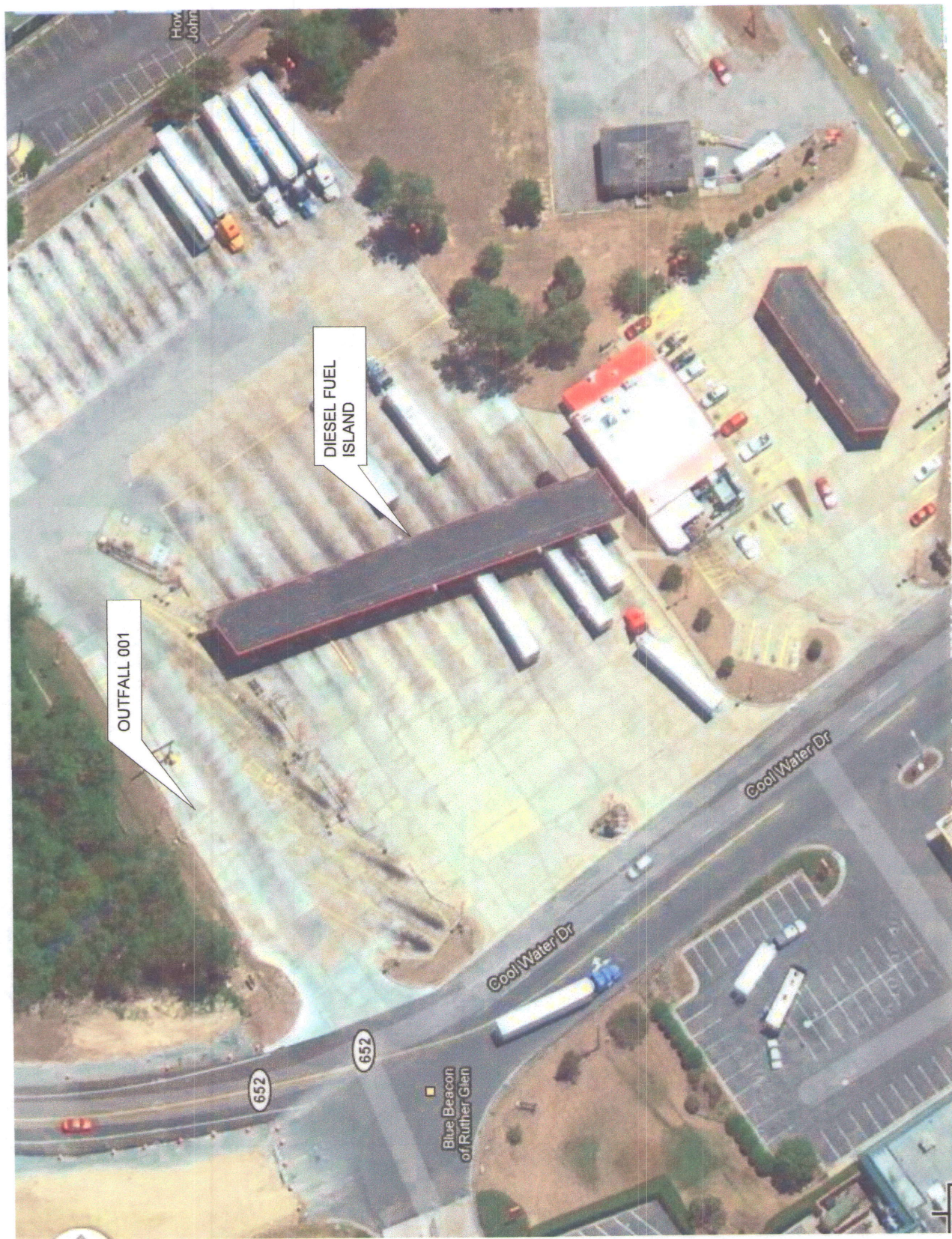


FIGURE 3 – SATELLITE  
MAP



PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Free Lance Star in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Kevin J. Manning

Owner: Arogas, Inc.

Agent/Department Address: P.O. Box 580

St. Peters MO 63376

Agent's Telephone No.: (636) 947-0255

Printed Name: Kevin J. Manning

Authorizing Agent – Signature: Kevin Manning

Date: 9-30-11

Facility Name: Arogas, Inc. d.b.a. Mr. Fuel

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER DIVISION  
PERMIT APPLICATION FEE FORM  
EFFECTIVE JANUARY 1, 2008**

**INSTRUCTIONS**

Applicants for individual Virginia Pollutant Discharge Elimination System (VPDES), Virginia Pollution Abatement (VPA), Virginia Water Protection (VWP), Surface Water Withdrawal (SWW), and Ground Water Withdrawal (GWW) Permits are required to pay permit application fees, except farming operations engaged in production for market. Fees are also required for registration for coverage under General Permits except for the general permits for sewage treatment systems with discharges of 1,000 gallons per day (GPD) or less and for Corrective Action Plans for leaking underground storage tanks. Except for VWP permits, fees must be paid when applications for permit issuance, reissuance\* or modification are submitted. Applicants for VWP permits will be notified by the DEQ of the fee due. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received. ( \* - the reissuance fee does not apply to VPDES and VPA permits - see the fee schedule included with this form for details.)

The permit fee schedule is included with this form. Fees for permit issuance or reissuance and for permit modification are included. Once you have determined the fee for the type of application you are submitting, complete this form. The original copy of the form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality  
Receipts Control  
P.O. Box 1104  
Richmond, VA 23218

A copy of the form and a copy of your check or money order should accompany the permit application. You should retain a copy for your records. Please direct any questions regarding this form or fee payment to the DEQ Office to which you are submitting your application.

**APPLICANT NAME:** Arogas, Inc.

**ADDRESS:** P.O. Box 580

St. Peters, MO 63376

**DAYTIME PHONE:** ( 636 ) 947 - 255  
Area Code

IRS Employer Identification Number (EIN): 431174064  
[aka Federal Tax Identification Number (FIN)]

**FACILITY/ACTIVITY NAME:** Arogas, Inc. d.b.a. Mr. Fuel

**LOCATION:** 23818 Rogers Clark Boulevard, Ruther Glen, Virginia 22546

**TYPE OF PERMIT APPLIED FOR:** VPDES Industrial Minor / Standard Limits  
(from Fee Schedule - see back of form)

**TYPE OF ACTION:** ☒ New Issuance ☐ Reissuance ☐ Modification

**AMOUNT OF FEE SUBMITTED** (from Fee Schedule): \$ 3300

**EXISTING PERMIT NUMBER** (if applicable): NA

**DEQ OFFICE TO WHICH APPLICATION SUBMITTED (check one)**

☐ Abingdon/SWRO  
☐ Richmond/PRO

☐ Harrisonburg/VRO  
☐ Richmond/Headquarters

☒ Woodbridge/NVRO  
☐ Roanoke/BRRO-R

☐ Lynchburg/BRRO-L  
☐ Virginia Beach/TRO

**FOR DEQ USE ONLY**

Date: \_\_\_\_\_  
DC #: \_\_\_\_\_

Original Form and Check - DEQ Receipts Control, Richmond  
Copy of Form and Copy of Check - DEQ Regional Office or Permit  
Program Office